

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
(Attorney Docket No. 05222.00153)

In re U.S. Patent Application of
Benoit Patrick Bertrand et. al.

Application No. 09/868,694

Filed: October 10, 2001

For: A DYNAMIC TOOLBAR IN A TUTORIAL
SYSTEM

Examiner: Hirl, Joseph P.

Group Art Unit: 2121

TERMINAL DISCLAIMER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

The owner, Accenture LLP of 100 percent interest in the instant application hereby disclaims, except as provided below, the terminal part of the statutory term of any patent granted on the instant application, which would extend beyond the expiration date of the full statutory term defined in 35 U.S.C. 154 and 173, as presently shortened by any terminal disclaimer, of prior Patent No. 6,016,486 and prior to the grant of any patent granted on pending second Application Number 10/852,551, filed on May 24, 2004, of any patent on the second application. The owner hereby agrees that any patent so granted on the instant application shall be enforceable only for and during such period that it, the prior patents and any patent granted on the second application are commonly owned. This agreement runs with any patent granted on the instant application and is binding upon the grantee, its successors or assigns.

In making the above disclaimer, the owner does not disclaim the terminal part of any patent granted on the instant application that would extend to the expiration date of the full statutory term as defined in 35 U.S.C. 154 and 173 of the prior patent or of any patent granted on the second application, as presently shortened by any terminal disclaimer or any terminal disclaimer filed before the patent grant of the second application, in the event that the prior patent or any future patent on the second application later expires for failure to pay a

Terminal Disclaimer Dated 04/04/05

Application No. 09/868,694
Attorney Docket No. 105222.00153

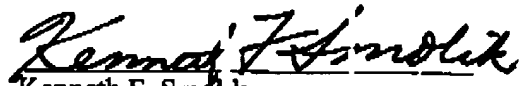
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The undersigned is empowered to act on behalf of the organization. I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

The Commissioner is authorized to debit the Terminal Disclaimer fee pursuant to 37 CFR 1.20(d) from our Deposit Account No. 19-0733.

Respectfully submitted,

Date: April 4, 2005


Kenneth F. Smoluk
Registration No. 44,344
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PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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Effective on 12/09/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL for FY 2005		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/868,894
		Filing Date	10/10/2001
		First Named Inventor	Benoit Patrick Bertrand
		Examiner Name	Hirt, Joseph P
		Art Unit	2121
TOTAL AMOUNT OF PAYMENT (\$) 130		Attorney Docket No.	05222.00153

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) : _____
- ☒ Deposit Account Deposit Account Number: 19-0733 Deposit Account Name: Banner & Witcoff, LTD.
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- Under 37 CFR 1.16 and 1.17

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 30 (including Reissues)

Multiple dependent claims

Total Claims

-20 or HP= _____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims

- 3 or HP= _____

HP = highest number of independent claims paid for, if greater than 3.

Fee (\$)	Small Entity Fee (\$)
50	25
200	100
360	180
Multiple Dependent Claims	
Fee (\$)	Fee Paid (\$)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**

_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Terminal Disclaimer

Fees Paid (\$)

130

SUBMITTED BY

Signature	<i>Kenneth F. Smolik</i>	Registration No. (Attorney/Agent)	44,344	Telephone	312.463.6000
Name (Print/Type)	Kenneth F. Smolik	Date	04/04/2005		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file and by the USPTO (to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Fee Description	Small Entity Fee (\$)	Fee (\$)
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Multiple dependent claims	360	180
Total Claims	Extra Claims	Fee (\$)
_____ -20 or HP= _____ x _____ = _____		
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims	Extra Claims	Fee (\$)
_____ - 3 or HP= _____ x _____ = _____		
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Total Sheets _____ Extra Sheets _____ Number of each additional 50 or fraction thereof _____ Fee (\$) _____ Fee Paid (\$) _____
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Fees Paid (\$)

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